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CONFIRMATION NO. 5223

<b>SERIAL NUMBER</b> 10/828,469	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 100873-273 (END6430USCNT8)
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/859,579 05/18/2001 PAT 6,821,285 which is a CIP of 09/574,424  
05/19/2000 PAT 6,494,888  
which is a CIP of 09/520,273 03/07/2000 PAT 6,663,639  
and is a CIP of 09/519,945 03/07/2000 PAT 6,506,196  
which claims benefit of 60/140,492 06/22/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 147	<b>INDEPENDENT CLAIMS</b> 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

81353

## TITLE

TISSUE RECONFIGURATION

<b>FILING FEE RECEIVED</b> 3159	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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